



**BERNALILLO COUNTY ENVIRONMENTAL
HEALTH DEPARTMENT
600 Second St NW, Suite 500
Albuquerque, NM 87102
(505) 314-0310**

Application for License of Massage Practice

I/we _____ do hereby make an application for a license to carry on the business of Massage Practice in the County of Bernalillo (outside the boundaries of any village or municipality), State of New Mexico.

ESTABLISHMENT _____ PHONE _____

ADDRESS _____ ZIP _____

EFFECTIVE DATE _____ thru _____

I HEREBY CERTIFY THE FOLLOWING TO BE TRUE:

I the Licensee and/or employees of my organization are persons of good moral character and have never been convicted of a felony, or of a misdemeanor involving moral turpitude.

That the establishment meets the sanitary requirements established by Bernalillo County Ordinance 79-66.

That the Licensee and all employees in such establishment are at least eighteen (18) years old.

It is understood that where the establishment caters to both sexes, separate facilities, separate established hours or separate appointments shall be provided.

It is understood that every establishment shall display a sign which will readily identify the establishment

That any person who practices massage within the above establishment possesses a license to practice massage that may be required by the State of New Mexico and shall comply with any regulations promulgated by the State of New Mexico as they are from time to time published according to law and be a graduate of a Massage School approved by the AMERICAN MASSAGE THERAPY ASSOCIATION.

It is understood that each licensee shall furnish to the County Manger a list of all employees, and their home addresses. Such list shall be amended as changes occur.

That in order to operate this establishment we shall be open for inspection during business hours by the County Manager.

Name: _____ Date Birth: _____

Name of Immediate Physician: _____ Do you have any known diseases? _____

If so, what type _____

Have you ever been convicted of a crime in the State of New Mexico? _____ If so, when _____

What were you convicted of? _____

Have you obtained a license from the State of New Mexico for "REGISTERED MASSAGE THERAPIST"? _____
STATE LICENCE NO. _____.

Have you obtained a BUSINESS LICENSE from the Bernalillo County Building and Zoning Office? _____

STATE OF NEW MEXICO
COUNTY OF BERNALILL

Signature

Date

SUBSCRIBED AND SWORN TO BEFOR ME THIS _____ DAY OF _____ 200_____.

Notary Public

My commission Expires